

# Consumer Council News

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## Advocates take on Stigma

A first step in getting equal treatment for mental health illness on parity with physical illness is eliminating the stigma that surrounds mental health perceptions. Advocates now are taking on the challenge to educate the public about stigma. Many resources have developed to help them do this. The Resource Center to Address Discrimination and Stigma (ADS Center) helps people design, implement and operate programs to combat stigma.

Go to:  
[stopstigma@samhsa.gov](mailto:stopstigma@samhsa.gov)

Newsletter sponsored by  
VA Mental Health  
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## Defining Recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) held a January conference with experts from all levels of the mental health continuum both government and private organizations to develop a workable definition of recovery and help find ways to provide for it. After the release of the President's New Freedom Commission on Mental Health "Achieving the Promise: Transforming Mental Health Care in America," in July 2003 the language revolved around the concept of "recovery". It was evident that the concept of recovery in people with mental illness was not well understood. According to SAMHSA Administrator Charles Curie, the President's Report was actually criticized because it "focused too much on recovery." The argument of some, he explained is that "not everyone will recover from mental illness."



His counter-argument: Recovery is not merely a destination, but the journey. "Recovery," he said, "is a process as well as a goal." In the process of recovery, people learn how to manage their illness and manage their life." What is needed, Curie told conference participants is the breaking of the stigma attached to mental illness, allowing former patients to be accepted back into the community. The most predominant theme in the discussion of recovery was the personal nature of the experience and mental health treatment as a whole must not only be consumer driven, but consumer directed.

## Consumer Rights and Responsibilities

There is evidence that consumers who are able to accept increased responsibility regarding their own health care have improved self-esteem and a greater sense of empowerment. It has also been shown that consumer dissatisfaction with their health care providers has been a primary cause of patient noncompliance. Several studies have identified inadequate provider-consumer communication as a contributing factor (Imanaka, 1993; Ross, 1991; Donovan and Blake, 1992; sluijs, Kok, et al. 1993). This leads to situations where:

- \* The consumer and the provider have a different understanding of what the consumer is supposed to do.
- \* The consumer lacks information or understanding about the disease, pathology, or symptoms.

- \* The consumer does not understand the correct purpose of the intervention.
- \* The consumer and the health care provider have insufficient time to discuss the full range of issues concerning compliance.

Consumers will have to play an active role in the treatment and management of their health. Consumers will need to ask more questions of their health care providers. They will need to express their wishes and desires clearly to those who care for them and to their family members in the event of incapacity

Online Newsletter  
[www.mentalhealth.med.va.gov/cc](http://www.mentalhealth.med.va.gov/cc)

## VA Reaches Out to New Veterans

Secretary Principi's legacy includes the establishment of the Seamless Transition Coordination Office in VA. When the Seamless Transition Task Force started in the summer of 2003, American troops had suffered about 2,500 combat casualties in Iraq. By Jan. 7 of this year, that figure had risen to 10,252. The new office coordinates transition activities with a systematic, organized approach. Social Workers and benefits counselors were sent to military hospitals across the nation. Their job was to meet up with recovering service members, introduce them to VA benefits, help them file claims, and facilitate their transfer to VA medical facilities where they could be closer to their families. The transition was not easy as the military hospitals are high profile with many supportive activities ranging from celebrity visits, goody bags with DVD's etc being given to the service member. When the service member transfers to the VA hospital reality sets in and it is a major change. The environment of the VA

is being evaluated so that it can be more focused on young families who need a broad range of supports. Much of the seamless transition work involves greater cooperation between VA and the military. There have been open houses, health fairs, benefits seminars and welcome home parades. Outreach has been a major element of seamless transition activities. In one instance the VA Medical Facility in Tuscaloosa, Alabama developed a plan to reach 1,600 reservist and National Guard returning from combat tours in Iraq and Afghanistan. Teams visited four armories which had more than 700 soldiers. Their on-going efforts enrolled more than 600 returning combat veterans. Former Secretary Principi's message was clear "Let me make it clear that every military man or woman wounded, injured or ill from training for or fighting our war on terror receives priority service at VA. None of these heroes can fall through the cracks."

## Can VA meet the needs of returning Iraq and Afghanistan Soldiers?

Combat situations in Afghanistan and Iraq are already producing a host of psychological casualties, including PTSD. A study by the Walter Reed Army Institute of Research conducted in 2003 and published in the New England Journal of Medicine in July 2004 found that 15% to 17% of returning Iraq veterans showed symptoms of PTSD, anxiety or depression. Some 11% of Afghanistan veterans showed the same symptoms. These surveys were done three or four months after they got back to their home base allowing for the delayed reaction to their combat experiences. In the last decade, veterans hospitals across the country have sharply reduced the number of inpatient psychiatric beds, replacing them with outpatient programs and homeless services. The care has shifted as breakthroughs in medications have helped veterans

with mental illness to live in the community with supports versus long stays in the hospital. The VA has expanded its care through Community Based Clinics and is mandating that mental health care be offered at these clinics across the country. While the current budget in fiscal year 2006 could freeze spending, raise deductibles and co-payment, and charge fees to enroll in VA's health care system, it is projected that the VA budget will grow from \$28.2 billion in 2005 to between \$52.6 billion and \$57.1 billion in 2025. Money is a factor and mental health care will need to be prioritized to meet the current and future demand. Staff has been augmented at the 200 Vet Centers across the country who will hire 50 Iraq War veterans to serve as advocates at the clinics. While VA is mobilizing to provide for PTSD services, the extent of the demand is not known at this time. Emphasis will need to be placed on mental health care and meeting

## Information and Resources

### NMHA's 2005 Annual Conference

Justice of All: June 9-11, 2005  
Washington, D.C.  
[www.nmha.org](http://www.nmha.org)

### NAMI's 2005 Annual Convention

June 18-21, 2005  
[www.nami.org](http://www.nami.org)